

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

### **I. DISPUTE**

1.
  - a. Whether there should be reimbursement for date of service 4-15-02.
  - b. The request was received on 7-16-02.

### **II. EXHIBITS**

1. Requestor, Exhibit I:
  - a. TWCC 60 and Letter Requesting Dispute Resolution
  - b. HCFA
  - c. EOB/Medical Audit summary
  - d. Medical Records
  - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
  - a. TWCC 60 and Letter Responding to Request for Dispute Resolution
  - b. Medical Records
  - c. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 8-15-02. Per Rule 133.307 (g) (4) or (5), the carrier representative signed for the copy on 8-16-02. The response from the insurance carrier was received in the Division on 8-30-02. Based on 133.307 (i) the insurance carrier's response is timely.
4. Notice of Additional Information Submitted by the Requestor is reflected as Exhibit III of the Commission's case file.

### **III. PARTIES' POSITIONS**

1. Requestor: Letter dated 8-5-02:

"We are now requesting assistance in settling this dispute with the insurance carrier. Here is a list of the incorrectly denied code...According to the above chart the insurance carrier failed to pay code 99214, stating, 'documentation does not support the specific level of service billed.' We disagree with these determinations about the report dated 4-15-02. If you refer to the report you will see that Dr. \_\_\_ examined the patient's CT scan of the lumbar spine and made a medical decision in regards to his condition based

on this examination. That is easily meeting the requirement of a ‘moderate’ appointment.”

2. Respondent: Letter dated 8-29-02:  
 “The requester billed for this level of service, without providing documentation consistent with the level billed. In particular, the requestor did not demonstrate, express or implied, in an office note which two of the three components of management were being performed to warrant reimbursement.”

#### IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 4-15-02.
2. The carrier denied the billed services “N – TG F JM – DOCUMENTATION DOES NOT SUPPORT THE SERVICE BILLED. CARRIERS MAY NOT REIMBURSE THE SERVICE AT ANOTHER BILLING CODES’ VALUE PER RULE 133.301 (B). A REVISED CPT CODE OR DOCUMENTATION TO SUPPORT THE SERVICE BILLED MAY BE SUBMITTED. THE MEDICAL FEE GUIDELINE STATES IN THE IMPORTANCE OF PROPER CODING ‘ACCURATE CODING OF SERVICES RENDERED IS ESSENTIAL FOR PROPER REIMBURSEMENT’, THE SERVICES PERFORMED ARE NOT REIMBURSABLE AS BILLED.”
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
4-15-02	99214	\$71.00	\$-0-	N,TG.F,JM	\$71.00	MFG; Evaluation and Management (VI) (B); CPT Code Descriptor	The office visit reviewed for the disputed date of service was supportive of two of the required components for CPT Code 99214. The notes were descriptive of a detailed office visit with decision making of moderate complexity. There is no requirement on what verbiage or context the provider must include in each office visit. The only requirement of this code is that the minimum components be met.  Reimbursement is recommended in the amount of \$71.00.
<b>Totals</b>		\$71.00	\$-0-				The Requestor <b>is</b> entitled to reimbursement in the amount of <b>\$71.00</b> .

#### V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$71.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

MDR: M4-02-4459-01

This Order is hereby issued this 11<sup>th</sup> day of December 2002.

Lesa Lenart  
Medical Dispute Resolution Officer  
Medical Review Division

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